In the Editor's Page ("Learning from tragedy; Tirer des leçons d'une tragédie" *Can Med Assoc J* 1996; 154: 135), Dr. Bruce P. Squires says, "Some readers may complain that only the family's side of the complex tale is revealed." He rationalizes this approach by stating that the article highlights some major problems in communication. Unfortunately, there is little evidence in either the editorial or Ms. Hunter's article that the coroner's transcript was read. Without accurate information, any lessons learned will be false.

I feel compelled to respond to the article because I worked in a cross-cultural setting with the pediatric resident involved. During this time, she provided emergency and ambulatory care to aboriginal people. Although I have worked with many residents, she was the most explicit in giving instructions. She would write things out, draw pictures and give information verbally. She brought patients back for repeated demonstrations of procedures. She was competent, compassionate and caring.

It is my understanding that, although the coroner made 46 recommendations, there were no findings of wrongdoing in the actual care that the infant received. The resident spent more than an hour with the parents and gave them written instructions.

I am a strong supporter of constructive review of medical practice. However, I was extremely disappointed to see *CMAJ* participate in an unsubstantiated attack on someone. I believe that this waters down any lessons I may have learned from this situation.

This is a personal letter and does not necessarily represent the opinion of the Sioux Lookout Program.

Claudette Chase, MD, CCFP
Sioux Lookout Zone Hospital
Sioux Lookout, Ont.

[The author responds:]

The readers' condolences are touching and cathartic. Acknowledging loss is crucial in promoting healing. Their sympathy compensates for the initial lack of understanding I received from physicians after Madeleine's death. Before having another baby, I searched for new physicians. I wrote to several stating only that I had lost a 7-week-old baby. Several refused to see or speak with me. I recounted the medical events that had led to Madeleine's death to an obstetrician who was so cold and unfeeling that I left her office feeling bruised.

Perhaps those physicians had trouble dealing with a baby's death. Dr. Goetzen notes in his article "Death of a child" that, when a baby dies, it can disturb physicians because it causes them to come to terms with their own mortality. I believe that the sweet and vulnerable nature of babies causes physicians to put aside their professional distance. When a baby dies, they seem reluctant to comment on the loss of a life. However, communicating their feelings to patients may be beneficial. Fortunately, I now have a sympathetic general practitioner, obstetrician and pediatrician.

Sixteen months later, I am still trying to come to terms with Madeleine's death. To date, all that I have described about her was her illness. It may be helpful for readers to learn about her brief life. In the sunny days of August and September, she enjoyed breast-feeding in the back yard. She adored kicking her rattles in her crib while smiling intently at her musical mobile. We hiked in the forest several times, once around a scenic lake.

A poem by William Wordsworth helps me deal with the separation from Madeleine.

Though nothing can bring back the hour
Of splendour in the grass, of glory in the flower,
We will grieve not, rather find
Strength in what remains behind . . .
In the faith that looks through death,
In years that bring philosophic mind.

Our new daughter, Elisha, brings us a lot of happiness. We can be reconciled to Madeleine's tragic death, knowing that she continues to touch many lives and to teach us all.

(In response to Dr. Chase's letter, the purpose of the recommendations from a coroner's inquest in Ontario is to prevent future deaths; finding fault is not part of its mandate. Since my goal in writing "Madeleine's death" was to prevent errors from being repeated, I specifically wrote without any emotion or finger-pointing. In keeping with this policy, I must reserve comment on her personal defence of the resident involved.)

Georgina Hunter, BA
Ottawa, Ont.

DOES IRON PREVENT EFFECTS OF LEAD EXPOSURE?

I would like to offer two comments concerning the thought-provoking letter "Could zinc help protect children from lead poisoning?" (*Can Med Assoc J* 1996; 154: 13–14), by Drs. Nicholas Schmitt and Paul M. Gelpke and Mr. John J. Philion, which touts the possibility of adding zinc to the diets of those at risk as a preferred strategy to cope with lead exposure.

First, not only zinc but also iron is thought to affect the consequences of lead poisoning. It is suspected that zinc limits lead absorption and that iron limits the damage to the central nervous system (and therefore intelligence) caused by lead. Strong arguments have been made that the associated iron deficiency, rather than the excess of lead, is actually respon-

For prescribing information see page 1285 →